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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/773,618	02/02/2001	Hironobu Ishida	2091-0231P-SP	6943
2292	7590 10/14/2005		EXAMINER	
BIRCH STEWART KOLASCH & BIRCH			TRAN, DOUGLAS Q	
PO BOX 747 FALLS CHURCH, VA 22040-0747		7	ART UNIT	PAPER NUMBER
	·		2624	

DATE MAILED: 10/14/2005

Please find below and/or attached an Office communication concerning this application or proceeding.

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	Todgido di Trait		
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>Douglas Q. Tran</u> .	(3)		
(2) Scott Wakeman (37,750).	(4)		
Date of Interview: <u>12 October 2005</u> .			
Type: a) ☐ Telephonic b) ☐ Video Conference c) ☐ Personal [copy given to: 1) ☐ applicant	2)⊠ applicant's representative	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)□ No.		
Claim(s) discussed: <u>1,11 and 12</u> .			
Identification of prior art discussed:			
Agreement with respect to the claims f)⊠ was reached. g	g)☐ was not reached. h)☐ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: the Examiner suggests is means receives an input in which the claims are clear and Examiner.	the claims 1 and 11 are amend	ded with adding o	correction
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w	reed would rende ould render the	er the claims claims
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR FORM, WHICHEVER IS LATER, TO FILE A STATEMENT Summary of Record of Interview requirements on reverse significant.	last Office action has already THE MAILING DATE OF THIS OF THE SUBSTANCE OF TH	been filed, APPI S INTERVIEW S	LICANT IS UMMARY
		•	

DOUGLAS Q.TRAN
PRIMARY EXAMINER

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

Examiner's signature, if required